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An Essay

On

Hepatic Phthisis

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Of Charleston So. Ca.

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Hepatic Phthisis is an affection which occurs not infrequently in our Southern climates, and when we consider the magnitude, peculiar structure and central situation of the liver; together with the derangement of the whole system of which it forms so important a part, by even a trifling alteration from its healthy state, we need not be surprised at its producing more or less particular disease in some one of the organs with which it is directly or intimately connected. To the consideration of one of these forms of disease, I have devoted the following pages rather with a view of exciting attention towards it than with the expectation of entirely mastering the subject. It is that affection of the lung arising from hepatic derangement and this whether there exist a predisposition or not to pulmonary consumption.

To a person not accustomed to the deceptive nature of the complaint it is apt to

be considered as absolutely existing as a primary affection. when in fact it is only an imitative one, hence it requires the most acute investigations in tracing out its existence; on this account too is it so often mistaken for the other forms of Phthisis and the hapless patient sinks under its influence being deprived of that assistance, which a knowledge of the affection might have prevented. From the history however and peculiar appearances which mostly present, the difference is sufficiently obvious; but in those cases where the chronic affection of the liver has assumed an obscure form this accompanying one appears so much like it and causes so little inconvenience that it can be discovered with difficulty. These circumstances with the fact that proper remedies render it more curable than the other forms and its absolute incurability by the same necessary for them make it a subject well deserving the few observations which it becomes necessary

for me to write in compliance with the established custom of the school. Indeed but for this I would willingly have declined entering on such a disquisition which would better suit one more experienced in the profession.

Having however had an opportunity of seeing several cases of the disease at the Charleston Menstrual House in which the symptoms and treatment were illustrated I was led to describe them. & the usual manner of disposing such a subject presents itself for my adoption. I shall first then proceed to consider the Causes and the Pathology. The Post Mortem appearances, The characteristics & symptoms which mark it and lastly of the treatment adapted to the cure.

In examining any disease with a view to its management the first question seems to be what is ^{its} nature and causes, and this is more necessary here when the disease in the organ affected is not original. Without a requisite knowledge of the causes and seat our remedies cannot be directed to any particular end. How is it

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possible to cure that of whose existence we are ignorant &
nearly under these circumstances the treatment must
either depend on empiricism or at least be generally
directed. The Phenomena which appear in the
progress of the affection are sufficient evidence of
its hepatic origin; corroborated by the circumstance
That the symptoms of liver complaint always exist
before the lungs are affected, That in nearly all hepatic
complaints the pulmonary organs are more or less
disturbed and the last the not least confirmatory evidence
is that the treatment being directed to the liver and
being successful the disease of the lungs disappears X
Pulmonary affections do on the other hand communicate
disease to the liver but this is only after great structural
derangement of the former, and only so in
common with the whole system. Besides the general
connection existing between the parts of the whole system
there seems to be more particular ones of individual organs
which are governed by independent laws of their own in
the performance of their functions. The lungs illustrate

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this for their relation with other parts being very extensive it often assumes disease from them, but then again in the immediate vicinity with which they are more closely connected becoming diseased their functions do sooner suffer. The principal manner in which morbid communications are kept up seem to be propinquity. As this is not the only way. This is eminently the case with the lungs and liver; being separated merely by a muscular partition. — The first and probably the only cause is an enlargement of the liver encroaching ^{the} cavity of the chest, tho' it may occur from nervous influences. The enlargement of the liver originates from long continued disease, in consequence of which a quantity of solid matter is deposited in its substance adding to the bulk till by slow and gradual accretion it reaches the point at which the lungs suffer. As a natural consequence of the enlargement pressure is made on the diaphragm and thus the cavity of the thorax is encroached upon, sufficient space not being allowed for the healthy duty of the lungs.

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The air cells being very sensible and thus forced into contact become irritated and the action of coughing is caused, which excites disease throughout the trachea and the contiguous surface. The cause not being removed a degree of inflammation which is proportioned to the pressure of the diaphragm, results and soon spreads thro' the whole lung causing increased action from the exhalents.

These inflamed vessels being deranged perform their function in a morbid manner and the mucus instead of being of the natural consistence to moisten the cells becomes so thick that it only adds to the irritation being thrown up with great difficulty. The air rushing by, to fill the cells causes a rattling sound. Some of this thickened mucus may now remain in the lower part and being agitated by the pressure of the sides into contact totally obliterate them causing it to become solid. Hereditary predisposition is soon excited into action and even where this does not exist the inflammation will run thro' its stages and end in suppuration & Ulceration. This consideration of the more mechanical pressure producing the affection is I think confirmed by all



the appearances of the complaint —

Independent of this however, disease of the lung can be caused by hepatic affections in another way, i.e. by the termination in abscess discharging itself thro' the lungs but this is not the disease which I am describing. Reasoning on Analogous principles an enlargement of the abdominal viscera as the spleen may probably be the cause of similar affections in the lung tho' I have never heard of any such. I have seen one case in the Hospital at Charleston which partook pretty much of this nature being marked by some of the symptoms. The patient was when first examined laboring under a difficulty of breathing and a constant cough the evident cause of which was an enlargement of the spleen which could be plainly felt He also complained of an uncomfortable feeling about the throat which on examination showed the bronchial vessels relaxed similar to what is seen in bronchitis. His expectoration was phlegm approaching in its nature to Pus and occasionally mixed with the blood in small quantities. He was treated on a course of mercury but before this had affected his mouth





was solid, and on cutting it open the cells appeared to have been filled with an inorganic matter, of a yellow color and of an earthy nature. The liver was very large and purplish of the diaphragm, but of a natural color, and the bile in the gall bladder was thin and vitiated. The right lung usually presents most traces of disease being more in contact with the immediate cause of the affection than the left. Tubercles and the usual appearances of disease being often found, and together with these the abdominal viscera are found out of order the spleen perhaps indurated and enlarged being probably the seat of the pain sometimes felt in the left side.

The symptoms which mark the complaint in the early stage before the cough &c. are far advanced are often entirely overlooked or may not be present being masked by the anæsthesia which is often found in chronic Hepatitis. Originating from this it is preceded by those appearances which attend on or indicate a disorder in the biliary secretion, and which accompany it throughout its duration. For the purpose of a proper description I shall divide the disease into



Three periods the symptoms of which vary in degree and character, they run into one another however in such a way that the termination of one can hardly be distinguished from the beginning of another —

In the first, Functional disease alone exists. In the second, this has become structural. In the third it has assumed the true character of Phthisis.

The symptoms of the first are distinct and of a much milder nature than in the others being the effect only of a short continuance of the affection. They are such as we would expect from its nature, being here marked by a dry tickling cough from which after much difficulty, the patient expectorates a little mucous apparently conscious, more by the irritation of coughing than by that existing in the lung. In some cases the cough is almost incessant much increased after a meal or on lying down, and is attended with a thick mucous expectoration which seems to have lain some time in the cells; this affords a temporary relief but the cause being still present he is soon called again to cough in order to throw off.



the abundant secretion. As in all other forms of Phthisis the cough is increased towards morning it being necessary that the collection of secretions, which these organs participating in the dormant inclination of the system have suffered to accumulate until they caused irritation, should be expectorated. The Respiration is performed with difficulty especially after any cause which pushes up the diaphragm, and after exertion it becomes quick frequent and short and sometimes has a rattling sound. The patient is very much depressed in mind becomes fretful, impatient and fancying a thousand imaginary ills about to befall him. The appetite is totally gone, he feels a sense of fulness in his right side, the bowels are costive and other symptoms of bilious derangement exist. Towards the End of this stage hectic fever comes on assuming the usual regular form. No step having been put to the disease the second stage is ushered in with an aggravation of many of the above symptoms which have been modified and augmented



more the appearance and character of Consumption

The cough now becomes free and attended with a copious expectoration at first of a semi mucous semi purulent matter which gradually puts on more and more the character of pus. There is a rawness in the chest indicating a degree of inflammation this is not confined but extended over the chest. If the throat is examined it will look red and the vessels relaxed. The expectoration of pus which is very great does not indicate any ulceration existing there but that it arises from the functional derangement of the exhalant vessels which were formerly in the habit of secreting mucus. Similar instances of this kind are daily seen in catarrhs &c. When it is streaked with blood it is an unfavourable sign since it is a certain proof of a solution of continuity in the lung, which altho it does relieve the loaded vessels, is often the origin of an ulcer. There often exists a painful soreness over the liver which is increased by pressure and this organ may be felt thro the integuments of the abdomen.



In the chest there is no permanent or fixed pain but an uneasy heavy feeling over the whole ~~chest~~^{upper} felt more in the right side. The complexion is swarthy, the adnata of the eye lined with a bilious color, the lips are of a palid red, the countenance is dull and languid yet ~~very~~^{very} expressive of disease ^{and} the whole appearance is cachectic. The tongue is furrowed with a dark yellow coat, or imbedded with scales and sometimes the rarely it is natural. There is a disagreeable taste in the mouth with occasional nausea and other dyspeptic symptoms, the bowels are costive and the evacuations when examined show either a want of, or a vitiated state of the bile. Now as the expectoration becomes puriform the arterial circulation is excited and hectic is established the pulse is small, hard and excited, the skin is hot and dry and the hectic has assumed more of a continued type than usual. The emaciation which before did not seem to keep pace with the progress of the disease now advances with rapid strides aided by colligations



stools and diarrhoea; Sometimes dropsical swelling, occur and I have seen one case where ascites occurred very early; this appearance so far as I know seldom or never ~~occurs~~ ^{comes on} in the other forms of Phthisis. The biliary symptoms about this time almost totally disappear disease being now transferred to the lungs.

In the third and now a advanced stage the disease assumes a more formidable character and will almost surely baffle the Physicians attention death here seeming to be the inevitable consequence. With no regular returns of fever the patient seems to be never free from it and the symptoms of confirmed Phthisis manifest themselves in commensurate proportion with the organic disease. Those peculiar to hepatic disease have stidden into such as mark ulceration in the lungs which being established a tubercles excited, bid defiance alike to the powers of art and the resources of nature. The expectoration is pure pus, Constant colligative discharges continue to weaken the patient and the emaciation is so great that the natural look is



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altered, the bones of the face projecting and forming
the Facies Hippocratica. The voice is hollow and
sepulchral, the hair of the head falls off, and the nails
on the hands and feet are incurvated. The extremities
are livid and subject to cramps and numbness all of these
showing deficient circulation in the extreme vessels.
Dropical swellings and loss of mind precede the fatal
event which takes place marked by all the disturbing
symptoms attendant on the last stage of Phthisis Pulmonalis.

The Diagnosis is in many cases very easy, but
in some it is extremely difficult. When the biliary symp-
toms are obscure it may in the early stage be mis-
taken for catarrh, and in the advanced for the other
forms of Phthisis Pulmonalis. The distinction of it
from cough if attention be paid to the character is easy
enough. In the one affection the upper part of the
trachea is alone concerned, whilst in the other it arises
as it were from the bottom of the lung, in this last
the cough is more deep-seated and constant but not so
severe as in the other, they may however be both present



The complaint is more apt to be taken for the other forms of insurrection and requires to be early and accurately distinguished. The discrimination is to be commenced by contrasting the general symptoms of Plethoria with those of Pulmonary disease. Those of the former vary much more in the progress and are not attended with so early a loss of flesh as in the latter, instead of the delicate paleness and spontaneous blushings so very marked in consumption, the complexion is of a sallow hue and even in the hectic stage the blush can hardly be discovered. The ocula of the eyes want its pearly whiteness and the lips and interior of the mouth the scarlet red appearance. Besides these the appetite is generally bad and nausea is a constant attendant added to which the depression of spirits and abatement of mind always hoping for the worst are strikingly contrasted with those of consumption where the exhilaration of spirits even in the most advanced stages consoles the suffering patient and soothes his passage to the grave.

Contrary too to what usually occurs he can't lie on his left side with ease on account of the pressure of the enlarged liver, whilst in other cases the patient can.



lie indiscriminately on either side, besides the pain in the region of the liver can be easily recognised as distinct as distinct from that in the chest.

The hectic in Hepatic Phthisis has little or no remission whilst in the other it is a regular remittent. Dropsical swellings when occurring early aid considerably the diagnosis. There seem to be sufficiently well marked differences to enable one to distinguish the two diseases and it seldom happens that diligent investigation will be frustrated in practice. Should this however not be the case and organic affections arise before it is found out medical aid will be as useful as in other cases of Phthisis.

As it appears from the symptoms and causes which I have enumerated that the affection of the lungs is dependent on that of the liver, the treatment adapted for the cure must be combined of remedies suited to both of these diseases. and we will find that in proportion as the liver is relieved so will the affections of the lungs be benefited. The plan of treatment as well as the probable success and ease of cure will differ according to the duration and



structural nature of the affection. In the early stage we have the best hope of success since here the functions of the liver only are deranged and hereditary predisposition if it does exist is not as yet far advanced or been excited into active disease. In the last case however no certain calculation of success is to be indulged for notwithstanding we may cure the disease in the liver that of the lung is apt to be increased by the use of mercury. This tho the best remedy for hepatic disease should by us managed ^{to be} discriminately used or in the nature of an antidote and here it becomes necessary if the symptoms be mild to use other remedies. In determining upon this or these we must enquire into the scrupulous habit and hereditary predisposition. The plan to be pursued will consist of a course of drastic remedies, cathartics answer this purpose extremely well preceded by an emetico-cathartic to clear out the stomach, reestablish an equable discharge from the skin and perhaps dislodge the thick contents of the biliary ducts. The beneficial effect of the cathartic plan arise from the communication of



the peristaltic motions of the intestines to the liver and thus
 raising it from its torpor. The disease is too chronic to admit
 of just purging but a purge may be given every other
 day according to circumstances for some time, this should
 be aided by the use of cit. acid a remedy well suited to mild
 forms acting on the liver, at the same time proving tonic to
 the system.

If the symptoms require more urgent measures
 a mercurial cathartic should be given and followed up every
 day by a blue pill of 5 grs. to be continued until the symp-
 toms are relieved. Merely enough should be given to
 rouse the disabled and paralysed powers of the liver without
 debilitating or exhausting the constitution, as soon plan
 should now be pursued. If the hepatic disease be not very
 obstinate this plan will almost constantly succeed. But
 should this be the case the pills may be increased when no
 more is the alterant effect produced than the symptoms
 vanish. The mineral Acids or the bitter Tonics with an
 Alkali will now reestablish the cure. If the disease
 have progressed as far as the 2nd Stage without medical



advice or our remedies not being attended with success, a
 more free use of Calomel is to be pursued for fear the third stage
 may come on the termination of which will generally be
 fatal. In this is our only hope, the insidious foe is not to be
 tampered with, but boldly combatted. The prognosis is here
 more dangerous than in the last for the cause of inflam-
 -mation not being speedily removed ulceration will ensue.
 There is every thing to dread from delay and two grains of
 the Sublimiate of Mercury twice a day is to be given to
 produce quickly the attendant effect, this is to be pursued
 until the gums are touched or the pain in the region of
 the liver disappears. If no pain had been present here previous
 to the administration of ~~the~~ remedies, and it came on as
 the effect of them it is favorable as marking reticency sen-
 -sibility in that organ. Should much tenderness exist in the
 Right Hypochondriac region indicating inflammation
 topical bloodletting ought to precede the use of a blister.
 Tartar Emelic Powder which is to be kept running thro
 apst the other remedies and afford relief to the patient. A
 blister may prove serviceable even if no pain exist over the



liver. The calomel is to be increased in quantity until the gums are touched, if no effect be produced. Nature sometimes relieves the disease in the liver by transferring it to the lung, the latter in this case acting as an irritant or ignis when applied externally.

It is astonishing from what severe cases recovery does sometimes occur; even in those cases when the structural disease seemed evident from the symptoms a cure has been effected by a removal of the hepatic disease. Our practice here is placed between two ills, If we see a patient in this situation; and the judgement of a physician is to be exercised in the choice of the least. If nothing be done the disease will certainly destroy him and there is still some hope in a mercurial course altho the plan is exceedingly fallacious. In the last stage there is little or no hope of recovery but as long as the hepatic symptoms continue to recur we should indulge a feeble hope that by the removal of this irritation the lungs may lose their habit of disease and recover their healthy state. If the disease has been totally transferred to the lung Expec =



and irritants to the chest should not be omitted for they
 more readily pass with those affections of which they have
 not been the primary seat. In this deperate conflict
 the physician should not stand by idly viewing the un-
 equal strife between the powers of nature and the
 disease without still extending a helping hand either
 to strengthen or to direct her endeavours, for the reward
 of such a plan is great, whatever may be the ter-
 mination. Towards the last however the remedies
 should only be palliative for other plans will but
 torment the patient without any hope of success
 Then the stomach & system require tonics and the
 pain or any other disturbing affections are to be
 relieved by opiates. These deprive death of many of
 its pangs. The expectorants which should be used
 throughout the whole course of the complaint to
 relieve the cough which is very troublesome, are those
 in general use. The preparations of Squill. the
 Balsams. The Green Ammoniac combined with
 vit. Acid. and a free use of demulcent drinks



The fumigations are highly recommended and in the ulcerated stage being the most direct application affords great relief. Exercise in this as in the other forms ranks high among the means of cure, it preserves and excites a proper action and invigorates the system, this should be aided by the use of the flesh brush and flannel is to be worn next the skin to avoid any sudden vicissitudes of weather. In the convalescence the patient should not be immediately abandoned by his physician as the affections are very apt to return. Any cough or increasing in the side indicating such a return, the same plan somewhat modified requires to be pursued and it should be continued even some time after the disappearance of the symptoms. A Prophylactic plan is necessary to be pursued and if the patient is able, may remove to a cooler climate. Among the troublesome affections to which the patient is subjected and is very injurious may be ranked the diarrhoea. In a few cases I

have seen the leaves of the *Sesamum Orientale* steeped
in water until a mucilage was formed prove of the
most decided advantage in relieving it. It combines
in itself virtues of an astringent, demulcent, ex-
pectorant and mildly nutritive nature and appears
well suited to affections of this nature. With all these
it is a pleasant and agreeable drink. In our case
its effects were so signal and immediate in the relief
that it appeared to possess narcotic powers.

Handwritten text in a cursive script, likely from a 17th or 18th-century manuscript. The text is arranged in approximately 20 horizontal lines across the page. The ink is dark, and the paper shows signs of age, including slight discoloration and wear along the edges. The script is dense and flowing, characteristic of the period.